

2002 Iowa Youth Survey

September 2002

Developed by the Iowa Consortium for Substance Abuse Research and Evaluation, under contract with the Iowa Department of Public Health-Division of Substance Abuse And Health Promotion, with funding support through the U.S. Department of Education, and The Higher Plain Incorporated.

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Thank you for taking the time to complete this survey. There are no "right" or "wrong" answers, but it is very important that you provide an honest answer to each question. It is important that every student has the opportunity to provide all the information contained in this survey. However, if you find questions in this survey that you would prefer not to answer or cannot answer truthfully, please leave them blank. In all other instances please select the **one** response that comes closest to your honest answer to each question. Your answers should be based on what you think is really true, **not** what you think is the way it should be or what you think is the most pleasing answer. Do not spend a lot of time on any one question, but please read the instructions that appear in the boxes before each section and read each question carefully. If you have any difficulty answering a question, move on to the next question. After you have completed all other questions, return to questions you did not answer. You select the responses by filling in the circle that corresponds with your answer.

MARKING INSTRUCTIONS

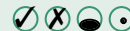
- Use number 2 pencil only.



- Make dark marks that fill the circle completely.

- Erase cleanly any mark you wish to change.

Incorrect Marks



Correct Mark



- Make no stray marks.

DO NOT put your name on this survey. **The confidentiality of your responses is assured because there is no way anyone will be able to connect your answers with your name.** Your answers will be combined with the answers from all the other students, and this combination of answers will be used to help design and implement programs that will benefit the students in Iowa's schools.

Please relax, and answer the questions honestly without any concern regarding the confidentiality of your answers. If all of us do the best we can do, then all students in Iowa should benefit from your participation in this survey.

School district demographic options (Please leave these blank unless you are told to fill them in by the monitor for the test).

1 2 3 4 5 6 7 8 9

Demo 1. ○○○○○○○○○○

Demo 2. ○○○○○○○○○○

Demo 3. ○○○○○○○○○○

Demo 4. ○○○○○○○○○○



SECTION A. DEMOGRAPHIC CHARACTERISTICS: This section asks you to describe yourself.

1. In what kind of school program are you enrolled?

- ☐ Regular school program
- ☐ Alternative school program
- ☐ Other

2. In what grade of school are you?

- ☐ 6th
- ☐ 8th
- ☐ 11th
- ☐ Ungraded
- ☐ Other

3. How long have you been a student in this school district?

- ☐ 1 year or less
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years or more

4. What is your current age? (Fill in the 1st number of your age in the 1st column and the 2nd number of your age in the 2nd column)

- | | |
|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 |
| | <input type="radio"/> 3 |
| | <input type="radio"/> 4 |
| | <input type="radio"/> 5 |
| | <input type="radio"/> 6 |
| | <input type="radio"/> 7 |
| | <input type="radio"/> 8 |
| | <input type="radio"/> 9 |

5. Are you a male or female?

- ☐ Male
- ☐ Female

6. Would you describe yourself as?

- ☐ White
- ☐ African American
- ☐ Native American
- ☐ Asian/Pacific Islander
- ☐ Spanish/Hispanic
- ☐ Other, including mixed

1/4" spine
perf

01	Adair	21	Clay	41	Hancock	61	Madison	81	Sac
02	Adams	22	Clayton	42	Hardin	62	Mahaska	82	Scott
03	Allamakee	23	Clinton	43	Harrison	63	Marion	83	Shelby
04	Appanoose	24	Crawford	44	Henry	64	Marshall	84	Sioux
05	Audubon	25	Dallas	45	Howard	65	Mills	85	Story
06	Benton	26	Davis	46	Humboldt	66	Mitchell	86	Tama
07	Black Hawk	27	Decatur	47	Ida	67	Monona	87	Taylor
08	Boone	28	Delaware	48	Iowa	68	Monroe	88	Union
09	Bremer	29	Des Moines	49	Jackson	69	Montgomery	89	Van Buren
10	Buchanan	30	Dickinson	50	Jasper	70	Muscatine	90	Wapello
11	Buena Vista	31	Dubuque	51	Jefferson	71	O'Brien	91	Warren
12	Butler	32	Emmet	52	Johnson	72	Osceola	92	Washington
13	Calhoun	33	Fayette	53	Jones	73	Page	93	Wayne
14	Carroll	34	Floyd	54	Keokuk	74	Palo Alto	94	Webster
15	Cass	35	Franklin	55	Kossuth	75	Plymouth	95	Winnebago
16	Cedar	36	Fremont	56	Lee	76	Pocahontas	96	Winneshiek
17	Cerro Gordo	37	Greene	57	Linn	77	Polk	97	Woodbury
18	Cherokee	38	Grundy	58	Louisa	78	Pottawattamie	98	Worth
19	Chickasaw	39	Guthrie	59	Lucas	79	Poweshiek	99	Wright
20	Clarke	40	Hamilton	60	Lyon	80	Ringgold		

- ☐ On a farm
- ☐ In the country, but not on a farm
- ☐ In a small city or town, less than 5,000 population
- ☐ In a medium sized city 5,000-30,000 population
- ☐ In a large city over 30,000 population

☐ None
 ☐ Three times
☐ Once
 ☐ Four times or more
☐ Twice

SECTION B: THINGS I HAVE TRIED OR DONE AND THINGS THAT HAVE HAPPENED TO ME
 This section of the survey asks you to describe your experiences. Please read each question carefully and pay attention to the time periods listed.

[illegible]

9. During an average week (including weekends) how many evenings do you go out for fun and recreation?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4 or 5 ☐ 6 or 7

10. During the last three weeks, how many times have you skipped or "cut" classes or school days?

- ☐ None ☐ 1 ☐ 2 ☐ 3-5 ☐ 6-10 ☐ 11+

11. About how often in the last three weeks have any of your classroom teachers had to stop teaching in order to deal with a major student disruption or behavior problem?

- ☐ 0 times ☐ 6-9 times
☐ 1 or 2 times ☐ 10 or more times
☐ 3-5 times

12. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day? (Fill in only one bubble)

- ☐ I have never tried cigarette smoking, not even a few puffs
☐ I did not smoke cigarettes during the past 30 days
☐ Less than 1 cigarette per day
☐ 1 cigarette per day
☐ 2 to 5 per day
☐ 6 to 10 per day
☐ 11 to 20 per day
☐ More than 20 per day

13. Have you ever tried to quit smoking cigarettes?

- ☐ I have never smoked cigarettes ☐ Twice
☐ No ☐ Three or more times
☐ Once

How old were you (if ever) when you first:

	Never	8 or Younger	9 or 10	11 or 12	13 or 14	15 or 16	17 or older
14. Smoked a whole cigarette for the first time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Drank (more than a few sips) of alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Tried marijuana (pot, grass, hash, bud, weed) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Tried sniffing glue, breathing the contents of aerosol spray cans, inhaling any other gases or spray in order to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Tried methamphetamines (crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Tried cocaine (coke, rock, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Tried amphetamines other than methamphetamines (like stimulants, uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?

- ☐ 0 days ☐ 2 or 3 days ☐ 6 or more days
☐ 1 day ☐ 4 or 5 days

22. During the last 30 days, on how many days did you have 5 or more drinks of alcohol (glasses, bottles or cans of beer; glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 or more days

23. In the last 30 days, how many times have you driven a car or other motor vehicle after using any amount of alcohol or other drugs? (Fill in only one bubble)

- ☐ I don't drive
- ☐ 0 days
- ☐ 1 to 2 days
- ☐ 3 to 5 days
- ☐ 6 or more days

In the past 30 days, on how many days have you;

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
24. Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Smoked cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Had at least one drink of alcohol (glass, bottle or can of beer; glass of wine, liquor or mixed drink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Used marijuana (pot, grass, hash, bud, weed) ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Sniffed glue, breathed the contents of gases or sprays in order to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Used methamphetamines (crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Used cocaine (coke, rock, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Used amphetamines <u>other than</u> methamphetamines (like stimulants, uppers, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have ever used any of the substances below, on how many of the last 30 days have you:

	Have Never Used	Used, but not last 30 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
32. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Taken steroid pills or shots without a doctor's prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Taken any <u>other</u> illegal drug (like barbiturates, heroin, hallucinogens) without a doctor's prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Do you feel you are currently dependent (hooked) on alcohol (beer, wine, liquor)?

- ☐ Never used alcohol
- ☐ No
- ☐ Yes

PLEASE DO NOT WRITE IN THIS AREA



36. Do you feel you are currently dependent (hooked) on any illegal drug that you use without a doctors prescription?

- ☐ Never used any illegal drug ☐ No ☐ Yes

37. If you have gambled (like buying lottery tickets, betting on the outcome of sports events, card games, or horse/dog races) in the past 12 months, how much money did you usually bet?

- ☐ I never gamble ☐ 11 to 25 dollars
☐ Less than 5 dollars ☐ 26 to 50 dollars
☐ 5 to 10 dollars ☐ More than 50 dollars

38. Has the money you spent gambling led to financial problems?

- ☐ I never gamble ☐ Yes ☐ No

39. Has the time you spent gambling led to problems in your family, work, school, or personal life?

- ☐ I never gamble ☐ Yes ☐ No

40. Have you ever been involved in any sexually related behavior that you wished would not have happened?

- ☐ Yes
☐ No

41. If yes to the above question, were alcohol or drugs involved?

- ☐ Answered No to question 39 above
☐ Yes
☐ No

42. In the last 12 months, did you make a plan about how you would attempt suicide?

- ☐ Yes
☐ No

43. Have you ever tried to kill yourself?

- No Yes, once Yes, twice Yes, 3 or more times
- ☐ ☐ ☐ ☐

In the past 12 months, how often have you:

	None	1 or 2 Times	3-5 Times	6 or more Times
44. Carried a gun, knife, club or other weapon <u>to school</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Used alcohol or other illegal drugs <u>on school property</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Had your things (clothing, books, bike, car) stolen or deliberately damaged <u>on school property</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Been disciplined <u>at school</u> for fighting, theft or damaging property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Been threatened or injured by someone with a weapon (like a gun, knife or club) <u>on school property</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Been involved in a physical fight <u>on school property</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Been offered, sold or given illegal drugs <u>on school property</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, how often have you:

	None	1 or 2 Times	3-5 Times	6 or more Times
51. Damaged property just for fun (like breaking windows, scratching a car, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Beaten up on or fought someone because they made you angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Used a weapon, force or threats to get money or things from someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Verbally threatened to physically harm someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Stolen something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. During the past 12 months, did a boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?

- ☐ Yes ☐ No ☐ Did not have boy/girlfriend at any time in past 12 months

SECTION C. MY BELIEFS AND ATTITUDES: This section of the survey asks you to describe your beliefs and attitudes. Your answers need to show your real beliefs and attitudes, not what you “think” is an acceptable answer to others.

How much do you agree or disagree that each of the following statements is true:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. It is important to help other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I care about other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel sorry for people who have things stolen or damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am accepting of those different than myself (racially, culturally, socio-economically)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is wrong to discriminate against someone because of her/his race, appearance, culture, religion, etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can say “no” when someone wants me to do things I know are wrong or dangerous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel I do not have much to be proud of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Violence is the worst way to solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It is against my values to have sex as a teenager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. It is important to tell the truth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It is against my values to use alcohol and drugs as a teenager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I accept responsibility for my actions when I make a mistake or get into trouble	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am good at making friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. When I have problems, I am good at finding a way to fix them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I think things through carefully before I make a decision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Even if it is dangerous, I like to do exciting things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I believe that working hard now will make my life successful in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I finish high school, I would like to:				
<input type="radio"/> Seek full-time employment				
<input type="radio"/> Enter the military				
<input type="radio"/> Enter a 2-4 year college				
<input type="radio"/> Seek an apprenticeship				
<input type="radio"/> Don't know				

How much do you think you risk harming yourself (physically or otherwise) if you:

	Great Risk	Moderate Risk	Slight Risk	No Risk	Don't Know
19. Drink 3 or more drinks (glasses, cans or bottles of beer; glasses of wine, liquor or mixed drinks) of alcohol nearly every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Smoke cigarettes every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Smoke marijuana once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Take methamphetamines (crank, ice) once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Take cocaine once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Take amphetamines other than methamphetamines (like stimulants, uppers, speed) once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Use any other illegal drug once a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Whether or not you have had any actual drinking experiences yourself, answer the following questions in terms of how you think alcohol affects the typical or average person who drinks.

	True or mostly true	False or mostly false
26. People feel more caring and giving after a few drinks of alcohol	<input type="radio"/>	<input type="radio"/>
27. Drinking alcohol makes people more friendly	<input type="radio"/>	<input type="radio"/>
28. Drinking alcohol is O.K. because it allows people to join in with others who are having fun	<input type="radio"/>	<input type="radio"/>
29. People act like better friends after a few drinks of alcohol	<input type="radio"/>	<input type="radio"/>
30. Having a few drinks of alcohol is a nice way to enjoy holidays	<input type="radio"/>	<input type="radio"/>
31. It's fun to watch others act silly when they are drinking alcohol	<input type="radio"/>	<input type="radio"/>
32. Alcoholic beverages make parties more fun	<input type="radio"/>	<input type="radio"/>
33. People get in better moods after a few drinks of alcohol	<input type="radio"/>	<input type="radio"/>
34. People drive better after a few drinks of alcohol	<input type="radio"/>	<input type="radio"/>
35. Drinking alcohol helps teenagers to do their homework	<input type="radio"/>	<input type="radio"/>

SECTION D. PEER QUESTIONS: The questions in this section of the survey refer to your friends or the students in your school. When you read and answer these questions; keep in mind the attitudes and beliefs of friends and other students.

Thinking of your best friends, how wrong would most of them feel it would be for you to?

	Very Wrong	Wrong	A Little Wrong	Not Wrong At All	Don't Know
1. Drink beer, wine or hard liquor (for example vodka, whiskey, gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use <u>any</u> illegal drug <u>other than</u> alcohol, cigarettes or marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Start a physical fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Carry a gun, knife, club or other weapon <u>to school</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Go to a party where kids under 21 were using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Go to a party where kids were using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



Would you be more or less likely to be popular (respected or cool) with the other students in your school, if you:

	A Lot More Popular	More Popular	Less Popular	A Lot Less Popular	Wouldn't Change My Popularity
9. Smoked cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Drank alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Smoked marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Used any other illegal drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION E. SCHOOL QUESTIONS: The questions in this section of the survey refer to the school where you currently spend the most time. The questions focus on the other students, teachers, administrators or other things connected to the school.

How much do you agree or disagree that each of the following statements is true? In my school:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. There are clear rules about what students can and cannot do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The school principal and teachers consistently enforce school rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If I skipped school at least one of my parents/guardians would be notified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Students caught drinking, smoking, or using an illegal drug are not allowed to participate in any extracurricular activity for some time period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If I got in trouble at school for breaking a rule, at least one of my parents/guardians would support the school's disciplinary action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. There are plenty of chances to get involved in after-school activities (sports, music, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong would most of the students in your school (not just your best friends) feel it would be for you to:

	Very Wrong	Wrong	A Little Wrong	Not Wrong At All	Don't Know
7. Drink beer, wine or hard liquor (for example vodka, whiskey, gin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Use <u>any</u> illegal drug <u>other than</u> alcohol, cigarettes or marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Start a physical fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Carry a gun, knife, club or other weapon <u>to school</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Go to a party where kids under 21 were using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Go to a party where kids were using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree that each of the following statements is true:

	Strongly Agree	Agree	Disagree	Strongly Disagree
15. My teachers care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My teachers are available to talk with students one-on-one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My teachers notice when I am doing a good job and let me know about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Students in my school treat each other with respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel safe at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I care about my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I try to do my best in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I plan to finish high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My school lets a parent/guardian know if I'm doing a good job ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My school lets a parent/guardian know if I've done something wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. There is at least one adult at school that I could go to for help with a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do the homework that is assigned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My school provides me with the skills to get a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My school provides opportunities to learn about many different careers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. The training I get in my school gives me confidence that I will be able to get the kind of job I want	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My school has taught me how to apply for a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. My school has taught me appropriate job interview skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION F. FAMILY QUESTIONS: The questions in this part of the survey refer to your parents/guardians and others who live with you. Parents/guardians are the adults (age 21 and over) who live with you and are responsible for taking care of you. Home refers to all the people who live with you.

How much do you agree or disagree that each of the following statements is true:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. In my home there are clear rules about what I can and cannot do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have a happy home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There are people living in my home who have a serious alcohol or drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel very close to at least one of my parents/guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I often get disciplined by someone in my home for doing something at one time and not disciplined for doing the same thing at another time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can talk about the things that bother me or I don't understand with someone in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can get help and support when I need it from someone in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



How often do the following occur:

	Never	Sometimes	Often	Always
8. I get hit with a belt, stick, or other hard object by someone in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People in my home shout at each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. A parent/guardian knows where I am and who I am with, especially in the evening and on weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A parent/guardian checks to make sure I have done the things I am supposed to do (school homework, household chores, get home on time, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A parent/guardian generally finds out if I have done something wrong, and then punishes me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When I am doing a good job, someone in my home lets me know about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Someone in my home helps me with my school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. At least one of my parents/guardians goes to school activities that I am involved in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How wrong would your parents/guardians feel it would be for you to:

	Very Wrong	Wrong	A Little Wrong	Not Wrong At All	Don't Know
16. Drink beer, wine or hard liquor (for example vodka, whiskey, gin) without their permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Smoke marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Use <u>any</u> illegal drugs <u>other than</u> alcohol, cigarettes or marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Start a physical fight with someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Carry a gun, knife, club or other weapon <u>to school</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Go to a party where kids under 21 were using alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Go to a party where kids were using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION G. NEIGHBORHOOD/COMMUNITY QUESTIONS: The questions regarding neighborhood in this part of the survey refer to the adults (age 21 and over) who currently live near you. If you live in the country, your neighborhood includes the adults who live closest to you. The questions regarding community refer to the adults (age 21 and over) who live in the city/town/suburb that you currently spend the most time in.

In your neighborhood or community, how difficult do you think it would be for a kid your age to get each of the following:

	Very Hard	Hard	Easy	Very Easy	Don't Know
1. Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Alcoholic beverages (beer, wine or liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Marijuana (pot, grass, hash, bud, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Methamphetamines (crank, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Amphetamines <u>other than</u> methamphetamines (like stimulants, uppers, speed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Any other illegal drug (cocaine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. A handgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Very Wrong	Wrong	A Little Wrong	Not Wrong At All	Don't Know

- Strongly Agree Agree Disagree Strongly Disagree

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